

A meeting of the Governing Body 12th May 2016

Enclosure 8

Risk Management Report and Board Assurance Framework

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RECOMMENDATIONS

The Governing Body is asked to:

1. Note the Risk Management Report
2. Approve the Board Assurance Framework (BAF) as evidence that:
 - a. the CCG is aware of the significant risks presenting to the Corporate Objectives
 - b. that the CCG has adequate controls to mitigate the risks to the Corporate Objectives
 - c. where existing controls have not reduced the residual risk score to the target there are credible action plans

Appendices:

Appendix A. Risk Management Report and Board Assurance Framework

The attached Risk Management Report and Board Assurance Framework detail the progress that has been made to develop the 2016/17 CCG Risk Register in relation to the new Corporate Objectives. An update on the development of the Corporate Objectives and the

Risk Register is included within the Risk Management Report.

The CCG has almost completed its work to introduce the Datix Risk Management System which has allowed for the Board Assurance Framework to be printed in a more accessible format. The risks are now presented in a simple document format rather than on a spread sheet, allowing for a significantly larger font to be used.

The Governing Body is asked to approve the Board Assurance Framework (BAF) as evidence that:

- a. the CCG is aware of the significant risks presenting to the Corporate Objectives**
- b. that the CCG has adequate controls to mitigate the risks to the Corporate Objectives**
- c. where existing controls have not reduced the residual risk score to the target there are credible action plans**

The Board Assurance Framework is attached at Appendix A

CORPORATE AND STRATEGIC OBJECTIVES

Governance and Equalities – ensure that robust governance arrangements are in place

CONSULTATION HISTORY:

Risk Management Group March, April 2016.

PUBLIC ENGAGEMENT

The Board Assurance Framework is based on the CCG's Corporate Objectives for 2016/17 including the risks associated with the delivery of ensuring that public engagement is intrinsic to all commissioning activities.

HEALTH INEQUALITY DUTY

How does this report take into account the duty to:

- Reduce inequalities between patients with respect to their ability to access health services.
- Reduce inequalities between patients with respect to the outcomes achieved for them by the provision of health services.

PUBLIC SECTOR EQUALITY DUTY

How does this report take into account the duty to:

- Eliminate discrimination, harassment and victimisation and any other conduct that is prohibited under the Equality Act 2010
- Advance equality of opportunity between people who share a relevant protected characteristic and people who do not share it
- Foster good relations between people who share a relevant protected characteristic and those who do not share it

The Risk Registers set out the risks to achieving equality and tackle inequalities during 201/17.

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Risk Management Report and Board Assurance Framework

May 12th 2016

1. The development of the 2016/17 Corporate Objectives

The Delivery Committee/Integrated Governance Committee has overseen the development of the 2016/17 Corporate Objectives, on behalf of the Governing Body.

The 2016/17 Corporate Objectives retain the same concept of core and developmental objectives, as in previous years, with some adaptation as follows:

Draft Corporate Objectives 2016/17
<p>Core Objectives:</p> <ul style="list-style-type: none">• High quality care and best value• Governance and planning <p>Developmental Objectives to deliver Community Based Care:</p> <ul style="list-style-type: none">• General Practice and Primary care• Multi-disciplinary working in Neighbourhood Care Networks• Enhanced care and support

The challenge for the CCG has been to identify and agreed a limited number of priorities to focus its resources, given the CCG has a limited commissioning capacity.

At the Strategy and Development workshop (7th April 2016) it was recognised that the developmental corporate objectives, as drafted, remained too comprehensive and ambitious. It was concluded that it would not be feasible for the CCG to deliver successfully the full set of proposed developmental objectives in one year. The clinical directors and SMT, therefore, were tasked to review again the developmental objectives in order to be clearer about the specific actions the CCG was committing to deliver during 2016/17, as part of a phased approach towards achieving a viable and sustainable 'One Lewisham Health and Social Care System' by 2020.

Work is in progress with the clinical and managerial leads to re define the priority actions for the developmental objectives to gain greater clarity of the scope of the action, the planned outputs and success criteria measures, which will support us to commission community based care. This work is being undertaken jointly with key commissioning programmes - the Adult Integrated Care Programme, Primary Care Joint Commissioning, Children’s and Young People’s Partnership and Our Healthier South East London Programme.

The outcome of this work will be presented to the Integrated Governance Committee in May 2016

2. The development of the 2016/17 Corporate Risk Register and Board Assurance Framework

The Risk Management Group met twice during April to develop the CCG’s Risk Register in relation to the 2016/17 Corporate Objectives. A bottom up (using Directorates’ risk registers) and top down approach (using the draft Corporate Objectives) were taken to identify the risks and to agree the risk descriptions. Risk owners have started work to analyse and evaluate the risks and identify mitigating controls and their associated assurances.

As highlighted in the previous section, there is still further work to be done to incorporate the relevant risks associated with the developmental work the CCG is undertaking jointly with the Adult Integrated Care programme, the Primary Care Joint Commissioning, Children and Young People’s Services and the Our Healthier South East London Programme.

By May, the Risk Management Group intend to have specified the actions that need to be taken to strengthen the controls and will have set its Risk Appetite for each of the risks, for formal agreement by the Governing Body at its next meeting in July..

The CCG’s Corporate Risk Register lists a total of 28 risks. The Heat Map (below) shows that many of the Residual Risk Scores are clustered in the “High Risk” domain just beneath the threshold for inclusion on the Board Assurance Framework, which is set at 12.

L i k e l i h o o d	Almost Certain 5					
	Likely 4			1		
	Possible 3		1	5	9	
	Unlikely 2		1	2	6	1
	Rare 1			1		1
Risk Matrix	Negligible 1	Minor 2	Moderate 3	Major 4	Catastrophic 5	
Impact						

The Board Assurance Framework in the pages that follow presents the 10 risks on the CCG’s Risk Register that have a Residual Risk Score of 12 or above. At the present time there are no risks with a Residual Risk Score greater than 12.

As this is the first Board Assurance Framework for the financial year the “Risk Movement” for all of the risks is shown as “NEW.”

Key:

Risk Matrix

NHS Lewisham CCG uses the standard NHS 5*5 risk scoring matrix shown below. The impact or consequence of the risk should it occur is measured on the x axis and the likelihood of the risk occurring is measured on the y axis.

Risks are evaluated using the matrix $x * y$, shown as $I * L$ (Impact * Likelihood), and scored as 1 - 3 (green) Low Risk , 4 - 6 (yellow) Moderate Risk, 9 - 12 (amber) High Risk, 15 - 25 (red) Very High Risk.

Likelihood	Almost certain 5	Moderate	High	Very High	Very High	Very High
	Likely 4	Moderate	High	High	Very High	Very High
	Possible 3	Low	Moderate	High	High	Very High
	Unlikely 2	Low	Moderate	Moderate	High	High
	Rare 1	Low	Low	Low	Moderate	Moderate
Risk Matrix	Negligible 1	Minor 2	Moderate	Major 4	Catastrophic 5	
	Impact					

Glossary

Inherent Score – the risk score before any controls are applied

Residual Score – the risk score after the controls have been applied

Target Score – the risk score the plans to achieve once all the controls are fully applied and proved to be effective.

Controls - What the CCG has put in place to lessen the impact of the risk should it occur and reduce the likelihood of it occurring

Response - what the CCG has decided to do about the risk: mitigate, accept, transfer or close.

Assurance Source - where the CCG finds evidence that its controls are effective

Assurance Given - The evidence that controls are effective or not

Assurance Type - whether the evidence was generated and collated by management (Internal Assurance shown as IA+ for positive assurance and IA- for negative assurance) or by an independent body (External Assurance shown as EA+ for positive assurance and EA- for negative assurance)

Assurance Level - the strength of the evidence; None, Limited, Adequate, Significant

Assurance Gaps – where the CCG has no evidence of whether or not its controls are effective

Action Required – work that is required to close assurance gaps

ID: 65 **Residual Risk Score:** 12 High Risk

Risk Movement: New Risk

Risk Description: (What is the risk?)

The risk is

GP practices do not deliver against contract requirements including performance and / or quality standards

It is caused by

- The contract requirements and specifications are not appropriately defined and agreed with providers by NHS England and the CCG
- The CCG does not utilise all available resources and processes to manage contract variations against performance and quality standards
- Poor provider performance

It could lead to

- Poor patient experience
- Inequalities are not reduced

Corporate Objective: High Quality Care & Best Value

Risk Subtype: Quality Risk

Risk Owner: Braithwaite, Diana

Risk Manager: Braithwaite, Diana

Directorate: Commissioning & Primary Care Directorate

Risk Appetite: (TBC)

Risk Response: Mitigate

Controls: (What are we doing to mitigate the risk?)

- Contracts agreed with NHS England and Local Medical Committee
- Approved by the Primary Care Joint Committee
- Performance & Quality reporting to the monthly Primary Care Development Board

Assurance Sources:

- Quality & Performance Reports to the Primary Programme Board and Primary Care Joint Committee
- Integrated Performance Reports to Integrated Governance Committee

Risk Assurances: (What evidence do we have that the controls are working?)

- Performance reporting to Integrated Governance Committee (Monthly Performance Reports) IA+
- Bi Monthly Performance Reports to Governing Body IA+

Gaps in Risk Controls:

- The CCG has limited quality and performance data from primary care

Assurance Type: Management**Assurance level:** Limited**Actions:****Progress:** Performance & Quality Report has been redesigned by NHS England.**Inherent Score:** Very High Risk **Residual Score:** High Risk**Target Score:** Moderate Risk**Last updated:** Graham Hewett 05/06/2016 13:35:09

ID: 66 **Residual Risk Score:** 12 High Risk

Risk Movement: New Risk

Risk Description: (What is the risk?)

The risk is

Private service providers do not deliver against contract requirements including performance and / or quality standards

It is caused by

- The contract requirements and specifications are not appropriately defined and agreed with providers
- The CCG does not utilise all available resources and processes to manage contract variations against performance and quality standards
- Poor provider performance

It could lead to

- NHS Constitution Standards are not met
- A serious safeguarding incident
- Harm to patients
- Poor patient experience
- Inequalities are not reduced

Corporate Objective: High Quality Care & Best Value

Risk Subtype: Quality Risk

Risk Owner: Carlin, Dee **Risk Manager:** Carlin, Dee

Directorate: Joint Commissioning

Risk Appetite: (TBC) **Risk Response:** Mitigate

Controls: (What are we doing to mitigate the risk?)

- Contracts agreed underpinned by agreed specifications
- Care Home Contract Manage Team provided by London Borough of Lewisham

- Care Home Compliance Nurse to support clinical quality in private providers
- Community Pressure Ulcer Panel to learn from wounds acquired in care homes

Assurance Sources:

- Any Qualified Provider Quality Reports

Risk Assurances: (What evidence do we have that the controls are working?)

- Integrated Performance Reports to Integrated Governance Committee

Gaps in Risk Controls:

- The CCG has limited quality and performance data from Care Homes and other private providers
- Any Qualified Provider Quality reports only cover NHS funded care

Assurance Type: Management

Assurance level: Limited

Actions:

Progress:

Inherent Score: Very High Risk **Residual Score:** High Risk

Target Score: Moderate Risk

Last updated: Graham Hewett 05/06/2016 13:37:30

ID: 63 **Residual Risk Score:** 12 High Risk

Risk Movement: New Risk

Risk Description: (What is the risk?)

The risk is

Community service providers do not deliver against contract requirements including performance and / or quality standards

It is caused by

- The contract requirements and specifications are not appropriately defined and agreed with providers
- The CCG does not utilise all available resources and processes to manage contract variations against performance and quality standards
- Poor provider performance

It could lead to

- NHS Constitution Standards are not met or agreed local trajectory is not delivered
- A serious safeguarding incident
- Harm to patients
- Poor patient experience
- Inequalities are not reduced
- Failure to deliver and/or overshoot agreed activity levels
- Failure to deliver and/or deliver in excess of financial limits Assurance to NHS E / Services operating at risk

Corporate Objective: High Quality Care & Best Value

Risk Subtype: Quality Risk

Risk Owner: Browne, Alison

Risk Manager: Browne, Alison

Directorate: Nursing & Quality Directorate

Risk Appetite: (TBC)

Risk Response: Mitigate

Controls: (What are we doing to mitigate the risk?)

- The CCG has a signed contract
- The contract is underpinned by agreed specifications
- The CCG has included appropriate contractual penalty clauses and incentives
- The CCG has a Contract Management Board with appropriate sub committees (Clinical Quality Review Group)

Assurance Sources:

- Integrated Performance Reports to Integrated Governance Committee
- Contract Management Board and Performance and Quality meetings with main providers
- Adult Community Services quality dashboards to Integrated Governance Committee

Risk Assurances: (What evidence do we have that the controls are working?)

- Signed contracts and contracts register
- Performance reporting to Integrated Governance Committee (Monthly Performance Reports)
- Bi Monthly Performance Reports to Governing Body
- Quality indicator reports to CQRG

Gaps in Risk Controls:

- The contract with LGT is not signed
- The service specifications for some community services are not agreed
- The CCG has limited quality and performance data for community services

Assurance Type: Management**Assurance level:** Limited**Actions:****Progress:**

Inherent Score: Very High Risk **Residual Score:** High Risk

Target Score: Moderate Risk

Last updated: Graham Hewett 05/06/2016 13:40:01

ID: 41 **Residual Risk Score: 12 High Risk**

Risk Movement: New Risk

Risk Description: (What is the risk?)

The risk is

Healthcare providers in Lewisham do not have adequate arrangements for adult and or child safeguarding

It is caused by

- Lack of capacity and capability

It could lead to

- A serious safeguarding incident or failure to recognise institutional abuse or neglect in healthcare services in Lewisham

Corporate Objective: High Quality Care & Best Value

Risk Subtype: Safeguarding Risk

Risk Owner: Browne, Alison

Risk Manager: Browne, Alison

Directorate: Nursing & Quality Directorate

Risk Appetite: (TBC)

Risk Response: Mitigate

Controls: (What are we doing to mitigate the risk?)

- CCG policies and frameworks for safeguarding in line with London wide procedures
- All CCG staff complete mandatory safeguarding training
- CCG Safeguarding team for adults and children fully staffed
- All providers including the private mental health providers are now invited quarterly to provide assurance to the CCG Health Safeguarding Assurance Group

Assurance Sources:

- NHS England Assurance Deep Dive
- OFSTED audit of safeguarding arrangements
- Internal audit review of safeguarding arrangements
- Mandatory training records
- Safeguarding reports from all providers

Risk Assurances: (What evidence do we have that the controls are working?)

- NHS England Assurance Deep Dive EA+
- OFSTED report 2013 EA+
- Internal Audit Report 2013/14 EA+
- Section 11 Audit to Children's Safeguarding Board IA+
- Providers Section 11 Audits reviewed at LSCB IA+
- Mandatory training report to Delivery Committee IA+
- Quarterly and Annual Provider reports to CCG Health Safeguarding Assurance Group

Gaps in Risk Controls:

- Many small local providers such as care homes do not attend the Health Safeguarding Assurance Group

Assurance Type: Independent**Assurance level:** Significant**Actions:****Progress:****Inherent Score:** Very High Risk **Residual Score:** High Risk**Target Score:** High Risk**Last updated:** Graham Hewett 05/06/2016 11:59:36

ID: 52 **Residual Risk Score:** 12 High Risk

Risk Movement: New Risk

Risk Description: (What is the risk?)

The risk is

Outcomes associated with delivery of the GP federation contracts and PMS review are not realised

It is caused by

- Insufficient internal resources to manage/monitor and performance review contracts; Federation (x4) and PMS Premium (x40), this is the responsibility of the CCG and not NHSE as previously thought
- GP Federations not sufficiently developed to deliver contract
- LMC non-agreement to NHSE London offer

It could lead to

- Non delivery of outcomes including associated QIPP
- Delays in realising the benefits and outcomes (contract currently from 01.07.2016 to 31.07.2016)
- Disengaged membership and LMC

Corporate Objective: General Practice and Primary Care (Developmental)

Risk Subtype: Strategic Risk

Risk Owner: Braithwaite, Diana

Risk Manager: Braithwaite, Diana

Directorate: Commissioning & Primary Care Directorate

Risk Appetite: (TBC)

Risk Response: Mitigate

Controls: (What are we doing to mitigate the risk?)

- Proactive contract and performance management
- Allocation of appropriate internal management resource
- Joint work with NHSE as co-commissioners on the PMS Review
- OD support to GP Federations both locally and through London-wide development programme

- Primary Care Programme Board, Primary Care Joint Committee and Governing Body

Assurance Sources:

- Primary Care Programme Board

Risk Assurances: (What evidence do we have that the controls are working?)

(TBC)

Gaps in Risk Controls:

- Insufficient internal resources to manage/monitor and performance review contracts; Federation (x4) and PMS Premium (x40)

Assurance Type: Management

Assurance level: Limited

Actions:

Progress:

Inherent Score: High Risk **Residual Score:** High Risk

Target Score: Moderate Risk

Last updated: Graham Hewett 05/06/2016 13:43:40

ID: 53 **Residual Risk Score:** 12 High Risk

Risk Movement: New Risk

Risk Description: (What is the risk?)

The risk is

The CCG will not deliver (a) a robust/credible 2016/17 QIPP programme – specifically with regard to reducing emergency activity

It is caused by

- There is an over reliance on the Adult Integrated Programme to deliver ‘in-year’ savings for 2016/17 – recognising that the benefits of integrating health and social care may take longer to materialise.
- Investment streams to support the redesign and commissioning of services do not sufficiently consider an invest to save approach or QIPP as an outcome.

It could lead to

- Contract negotiations with LGT are impacted in terms of overall contract envelope
- Financial grip/planning for 2016/17 being compromised
- No QIPP B plans are developed
- No early planning for 2017/18

Corporate Objective: High Quality Care & Best Value

Risk Subtype: Financial Risk

Risk Owner: Braithwaite, Diana

Risk Manager: Braithwaite, Diana

Directorate: Commissioning & Primary Care Directorate

Risk Appetite: (TBC)

Risk Response: Mitigate

Controls: (What are we doing to mitigate the risk?)

- Commissioning QIPP Clinics: Monthly review of highlight reports on all schemes to include activity and finance reporting.
- QIPP Reporting Schedule: Lessons Learnt 2015/16 (28th April 2016), Key Milestones (28th May 2016), QIPP 2015/16 Programme and Monthly reporting to the Integrated Governance Committee from May 2016 onwards.

- Interim resource to develop plans/modelling for a longer term QIPP Plan: 1-2 years.
- Implementation of the Lessons Learnt from 2015/16 QIPP recommendations to the Integrated Governance Committee.

Assurance Sources:

- QIPP Clinics Action Tracker and Highlight Reports and PIS
- QIPP Monthly Programme Report to the Integrated Governance Committee
- Commissioning Business Case Review Action Tracker
- Integrated Governance Committee minutes

Risk Assurances: (What evidence do we have that the controls are working?)

- 2015/16 Lessons Learnt Report to the Integrated Governance Committee
28th April 2016

Gaps in Risk Controls:

- Interim resource to develop plans/modelling for a longer term QIPP Plan: 1-2 years.

Assurance Type: Management

Assurance level: Limited

Actions:

Progress: Lessons Learnt 2015/16 completed.

Inherent Score: High Risk **Residual Score:** High Risk

Target Score: Moderate Risk

Last updated: Graham Hewett 05/06/2016 13:27:05

ID: 57 **Residual Risk Score: 12 High Risk**

Risk Movement: New Risk

Risk Description: (What is the risk?)

The risk is

The CCG fails to meet its statutory financial duties and fails to deliver NHS England's targeted surplus

It is caused by

- The CCG does not have effective arrangements to control expenditure
- The CCG does not have effective cash management arrangements
- The CCG does not have adequate management and reporting arrangements

It could lead to

- Failure to manage within Revenue Resource limit.
- Failure to manage within combined resource limit.
- Failure to manage within draw down limit.
- Failure to manage within running cost allowance.
- Failure to deliver targeted revenue surplus.
- Failure to achieve the better practice payments code.

Corporate Objective: Governance - Planning & Control

Risk Subtype: Financial Risk

Risk Owner: Read, Mr Tony

Risk Manager: Read, Mr Tony

Directorate: Finance Directorate

Risk Appetite: (TBC)

Risk Response: Mitigate

Controls: (What are we doing to mitigate the risk?)

- Expenditure Controls
- Standing Financial Instructions and Financial Policies
- Reservation of Powers and Scheme of Delegation
- Schedule of Matters Delegated to Officers
- Detailed Budget Setting Procedures
- Balanced budget approved by Governing Body

- Budgets delegated to authorised budget managers and signed for
- Audit Committee
- Finance and Investment Committee
- Integrated Governance Committee.
- Contracts to set activity and costs
- Contingency and reserve Budgets
- SBS authorised user controls
- Budget changes reported to Governing Body
- RRL controls and IAT processes
- Contract management processes e.g. claims management and validation routines

Cash controls

- Maximum cash drawdown
- Detailed Cash flow forecasts
- Maintenance of minimal cash balances at end of each month
- Bank mandates and signatory controls
- SBS authorised user controls
- cash book
- Financial Performance Reporting
- The CCG has established in year financial performance monitoring at the Delivery Committee and escalation to the Governing Body
- Financial performance is monitored at provider level at contract monitoring meetings

Others

- Financial control environment self assessment

Assurance Sources:

- Prime Financial Policies and schemes of delegation approved by GB
- Budget approved by GB
- Financial reporting to Delivery Committee and Governing Body
- Audit Committee Scrutiny
- Finance and Investment Committee Scrutiny
- Internal Audits
- External Audit
- Service Auditor Report on CSU Controls
- Monthly Performance report to Integrated Governance Committee
- Finance report to Governing Body
- Bank account reconciliations

- CFO review meetings with ARC team
- Audit Committee and IA review of financial control environment self assessment.

Risk Assurances: (What evidence do we have that the controls are working?)

- External Audit of 2014/15 Accounts EA+
- Internal Audit of Budgetary Control EA+
- Internal Audit report on Financial management (Significant Assurance)EA+
- Service Auditor Report on CSU Controls EA+
- Year end agreements with LGT, GSTT and King's IA+
- Block 2016/17 contract agreements with GSTT and Kings IA+
- Six month non elective block contract with LGT IA+
- NHSE assurance of operating plan 2015/16.
- Financial control environment self assessment IA+
- IA review of FCE assessment evidence EA+
- GB have signed off the Financial Control Environment self assessment. IA+

Gaps in Risk Controls:

- External Audit of 2015/16 Accounts not yet complete
- Contract with LGT not yet agreed for 2016/17
- Uncertainty over application of CCG 1% non recurrent budget set aside leading to potential restriction in the CCG's ability to manage in year financial risk and / or commit investments.

Assurance Type: Independent

Assurance level: Significant

Actions:

Progress:

Inherent Score: High Risk **Residual Score:** High Risk

Target Score: Moderate Risk

Last updated: Graham Hewett 05/06/2016 10:46:27

ID: 8 Residual Risk Score: 12 High Risk

Risk Movement: New Risk

Risk Description: (What is the risk?)

The risk is that local providers do not deliver health services that meet the NHS Constitution commitments on waiting times for patients with cancers or suspected cancers.

It is caused by

- Poor performance of commissioned services
- Provider failure to meet contracted quality and performance standards
- Poor contract management

It could lead to

- Delays to appropriate treatment and potential harm to patients
- Failure to meet NHS Constitution Commitments in Lewisham
- Loss of reputation

Corporate Objective: High Quality Care & Best Value

Risk Subtype: Quality Risk

Risk Owner: Braithwaite, Diana

Risk Manager: Braithwaite, Diana

Directorate: Commissioning Directorate

Risk Appetite: (TBC)

Risk Response: Mitigate

Controls: (What are we doing to mitigate the risk?)

- The CCG has an agreed contract with all providers
- The CCG has included appropriate penalty clauses in its major contracts
- The CCG Chairs the Contract Management Board for its main acute and community provider with appropriate sub committees including the Clinical Quality Review Group, Adult Community Services Group, Finance & Performance and the Cancer Pathway Clinical Review Group
- The CCG has employed an expert multi-disciplinary team from the CSU and the CCG is developing an internal contract management multi-disciplinary team to support

Assurance Sources:

- Contracts with Lewisham & Greenwich Trust, GSTT and Kings
- Contract Management Board and Performance meetings minutes
- CQRG Minutes
- Cancer Pathway Clinical Review Group Minutes
- In year monitoring via Integrated Performance Report to Integrated Governance Committee and Quality reports to CQRGs

Risk Assurances: (What evidence do we have that the controls are working?)

- Reports to Integrated Governance Committee
- The Lewisham & Greenwich Trust (LGT) has provided a trajectory recovery plan showing compliance with the Standards by March 2016.
- Root Cause Analysis undertaken for all patients breaching 104 days to assure lessons learnt; this process will be applied to other areas (62, 31 days etc) as required.

Gaps in Risk Controls:

- Data shows that LGT continues to under perform on cancer waiting times
- Urology Operational Plan go live in May.
- Backlog management commenced, managed across LGT, CCG and NHSE. This will impact on ITT and DTT performance.
- Inter-trust referrals for complex patients, normally LGT to GSTT remain a potential breach cause

Assurance Type: Management

Assurance level: Limited

Actions:

Progress: GSTT and Kings contracts have been signed. Lewisham & Greenwich Trust agreement still to be reached.

Inherent Score: Very High Risk **Residual Score:** High Risk

Target Score: Moderate Risk

Last updated: Graham Hewett 05/06/2016 13:48:07

ID: 9 Residual Risk Score: 12 High Risk

Risk Movement: New Risk

Risk Description: (What is the risk?)

The risk is acute provider services do not deliver against contract requirements including performance and / or quality standards

It is caused by

- The contract requirements and specifications are not appropriately defined and agreed with providers
- The CCG does not utilise all available resources and processes to manage contract variations against performance and quality standards
- Poor provider performance

It could lead to

- NHS Constitution Standards are not met or agreed local trajectory is not delivered
- A serious safeguarding incident
- Harm to patients
- Poor patient experience
- Inequalities are not reduced
- Failure to deliver and/or overshoot agreed activity levels
- Failure to deliver and/or deliver in excess of financial limits Assurance to NHS E / Services operating at risk

Corporate Objective: High Quality Care & Best Value

Risk Subtype: Quality Risk

Risk Owner: Braithwaite, Diana

Risk Manager: Braithwaite, Diana

Directorate: Commissioning & Primary Care Directorate

Risk Appetite: (TBC)

Risk Response: Mitigate

Controls: (What are we doing to mitigate the risk?)

- The CCG has a signed contract
- The contract is underpinned by agreed specifications

- The CCG has included appropriate contractual penalty clauses and incentives
- The CCG has employed an expert multi-disciplinary team from the CSU and the CCG is developing an internal contract management multi-disciplinary team to support
- The CCG has a Contract Management Board with appropriate sub committees (Clinical Quality Review Group)

Assurance Sources:

- Integrated Performance Reports to Integrated Governance Committee
- Contract Management Board, Performance and Quality meetings with main acute and community provider
- Quality dashboards to CQRG
- CSU Service Auditors Reports (SARs)

Risk Assurances: (What evidence do we have that the controls are working?)

- Signed contracts and contracts register
- Performance reporting to Integrated Governance Committee (Monthly Performance Reports) IA+
- Bi Monthly Performance Reports to Governing Body IA+
- Quality indicator reports to CQRGs
- SARs report to Audit Committee March 2015 EA+

Gaps in Risk Controls:

- The Lewisham & Greenwich Trust (LGT) Contract has not been agreed
- LGT is not achieving all the NHS Constitution Standards including on cancer waiting times and referral to treatment times.
- King's College Hospital is not achieving required quality standards including complaints handling.

Assurance Type: Management

Assurance level: Adequate

Actions:

Progress: Mediation on the LGT contract has commenced.

Inherent Score: Very High Risk **Residual Score:** High Risk

Target Score: Moderate Risk

Last updated: Graham Hewett 05/06/2016 13:52:33

ID: 12 **Residual Risk Score:** 12 High Risk

Risk Movement: New Risk

Risk Description: (What is the risk?)

The risk is

Unexpected care home closures or temporary closure and loss of domiciliary care

It is caused by

- Business failures
- Enforced closure by a regulator
- Embargo by commissioners
- Incident (fire or flood etc)

It could lead to ...

- Delayed transfers of care
- Inability to secure placements at the required quality and cost
- Negative impact on patient choice
- Possible admissions
- Negative impact on Joint Commissioning and social care staff / capacity and workload.
- Patients are not safeguarded
- Poor patient experience

Corporate Objective: High Quality Care & Best Value

Risk Subtype: Strategic Risk

Risk Owner: Carlin, Dee **Risk Manager:** Carlin, Dee

Directorate: Joint Commissioning

Risk Appetite: (TBC) **Risk Response:** Mitigate

Controls: (What are we doing to mitigate the risk?)

- Regular contract and quality assurance visits, including clinical visits
- Commissioning network is used to share intelligence
- Any Qualified Provider (AQP) Framework and Contracts
- Market Management meetings with owners

- Provider forums with providers & commissioners
- Domiciliary care providers staff and employment checks
- Homecare Contract agreed for next 3 years by Mayor & Cabinet, starting 1st April 2016

Assurance Sources:

- Contracts Aggregated Dashboards
- Commissioning Network Minutes
- AQP Quality Reports
- Provider Forum Minutes
- CQC Reports

Risk Assurances: (What evidence do we have that the controls are working?)

None

Gaps in Risk Controls:

- Blurred responsibilities for taking enforcement action

Assurance Type: None

Assurance level: None

Actions:

Progress:

Inherent Score: High Risk **Residual Score:** High Risk

Target Score: Moderate Risk

Last updated: Graham Hewett 05/06/2016 13:54:15